



AP/13653  
EPW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

Application Number

09/687,828

Filing Date

October 12, 2000

First Named Inventor

James Paschal McCloskey

Art Unit

3653

Examiner Name

Joseph C. Rodriguez

Attorney Docket Number

MSX 302RI

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO Form-1449, four references, return receipt postcard.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kolisch/Hartwell, P.C.		
Signature			
Printed name	Peter E. Heuser		
Date	April 22, 2005	Reg. No.	27,902

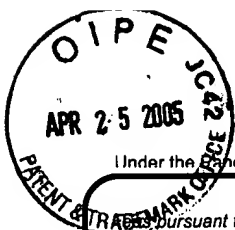
## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Suzanne Lukas-Werner	Date	April 22, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

**Complete if Known**

Application Number	09/687,828
Filing Date	October 12, 2000
First Named Inventor	James Paschal McCloskey
Examiner Name	Joseph C. Rodriguez
Art Unit	3653
Attorney Docket No.	MSX 302RI

**METHOD OF PAYMENT (check all that apply)**☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 11-1540 Deposit Account Name: Kolisch Hartwell, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental Information Disclosure Statement

Fees Paid (\$)

180.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	27,902	Telephone	(503) 224-6655
Name (Print/Type)	Peter E. Heuser			Date	April 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Date: April 22, 2005

James Paschal McCloskey

Serial No. : 09/687,828

Our Docket: MSX 302RI

Filed : October 12, 2000

Group Art Unit: 3653

For : PORTABLE TROMMEL

Examiner: Joseph C. Rodriguez

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

04/26/2005 SHASSEN1 00000004 09687828

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180.00 OP

Sir:

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**  
**UNDER 37 C.F.R. §§ 1.56, 1.97, and 1.98**

Applicant is submitting this Information Disclosure Statement pursuant to 37 C.F.R. §§ 1.56, 1.97, and 1.98 to disclose to the U.S. Patent and Trademark Office the patents, publications, applications, and/or other references listed on the enclosed, completed PTO-1449 form(s). The filing of this Information Disclosure Statement should not be construed as a representation that a search has been made by the applicant. For the purpose of this reissue application, applicant admits that the disclosed systems constitute prior art and therefore should be considered as such by the PTO. Applicant respectfully requests that the listed references be expressly considered during prosecution of the application, and that the references be made of record therein and appear among the "references cited" on any patents issuing therefrom.

## **CONTENT OF DISCLOSURE**

This Information Disclosure Statement includes (1) one page of PTO-1449 forms, and (2) a legible copy of each reference listed on the form(s).

## **TIMING OF DISCLOSURE**

This Information Disclosure Statement is being filed after the mailing date of a final action under 37 C.F.R. § 1.113, a notice of allowance under 37 C.F.R. § 1.311, or an action that otherwise closes prosecution in the application, but on or before payment of the issue fee.

## **FEE INFORMATION**

Attached herewith is a check for \$180.00 for payment of the fee set forth in 37 C.F.R. § 1.17(p). The Commissioner is hereby authorized to charge any additional fees that may be required, or to credit any overpayment, to Account No. 11-1540. A duplicate copy of this sheet is enclosed.

Please contact the undersigned with any questions or comments regarding this Information Disclosure Statement.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on April 22, 2005.



Suzanne Lukas-Werner

Respectfully submitted,

KOLISCH HARTWELL, P.C.



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